Developmental Disabilities
700 Casey Street, East Entrance, Suite A
Butte, MT 59701
(406) 496-4923
FAX (406) 782-8728
mpetersen@mt.gov

October 3, 2008

Robert McCarthy BSW Inc. Board President 155 West Granite St Butte, MT 59701

Dear Mr. McCarthy:

Attached is the Annual Quality Assurance Report from 2007-2008 for BSW Inc. The review was conducted based on standards identified in the Quality Assurance Process Handbook effective July 1, 2005. In addition to BSW Inc., a copy of this report is also sent to the DDP Regional and Central Offices. It is also important to know that a copy will be posted on the State of Montana website.

It was a pleasure to conduct this review. I trust you will find the information in the attached report to be an accurate representation of the Facility Based/Community Based Employment services, Residential/Supported Living services, Community Supports services and Transportation services provided by BSW Inc.

Attached is a data grid that contains information in the following areas: Administrative, Residential/Supported Living, Work/Day/Community Employment, Community Supports and Transportation. Each is summarized below.

Administrative

- •BSW Inc. has made strides in twenty areas as noted in the attached data grid.
- •BSW Inc. operates seven group homes, all of which were most recently licensed in late 2007.
- •BSW continues to be accredited by CARF, even though this is no longer a requirement of the Developmental Disabilities Program of the State of Montana.
- •The most recent Desk Review of Audit Report reviewed was completed by the Department of Public Health and Human Services-Division of Quality Assurance on October 31, 2006.

Residential/Supported Living

- Medication Error Policy should be reviewed and consider implementing additional measures, specifically relating to staff that have a second medication error.
- Evacuation drills completed a minimum of monthly across all service areas, but need to be run on each shift in order to assure health and safety.
- During all on-site visits, staffing ratios were in compliance with contract requirements.
- •16 of 17 Individual Plans contained measurable or partially measureable objectives. Presence of Individual Program Plans (IPP) noted.
- Protocols should be consistently developed for individuals as they help to assure health and safety and also provide consistency for Direct Support Professionals

Work/Day/Community Employment

- •Data collection inconsistent to document provision of supports/objectives. BSW Inc. implemented Therap agency wide to resolve this issue.
- During all on-site visits, staffing ratios were in compliance with contract requirements.
- •16 of 17 Individual Plans contained measurable or partially measureable objectives. Presence of Individual Program Plans (IPP) noted.
- Protocols should be consistently developed for individuals as they help to assure health and safety and also provide consistency for Direct Support Professionals

Community Supports

- A variety of individualized services are being provided to individuals.
- •BSW Inc. has chosen to have a full Individual Plan for all individuals in Community Supports

Transportation

- Daily and monthly safety checks occur on all agency owned vehicles in addition to a maintenance checklist.
- Training includes proper use of tie down and wheelchair lifts.
- Fire extinguishers inconsistently checked monthly.

In conclusion, it is requested that BSW Inc. respond to the attached points of concern on or before October 17, 2008.

I look forward to a continued relationship with BSW Inc. in the delivery of quality services for individuals with developmental disabilities in the State of Montana.

Respectfully,

Mike Petersen

Mike Letersen

Quality Improvement Specialist

Cc: John Pahut-BSW Inc. Executive Director
Mary Jo Mahoney-BSW Inc. Assistant Executive Director
Cathy Murphy-DDP Region IV Manager
Tim Plaska-DDP Community Services Bureau Chief
John Zeeck-DDP Quality Assurance Specialist
Perry Jones- DDP Medicaid Waiver Specialist
Joli Schroader-DDP Medicaid Waiver Specialist
Bridget Parker-Community Residential Licenser

Annual Quality Assurance Report 2007-2008 BSW Inc.

Please respond to the following points of concern on or before October 17, 2008. The response should include details on how BSW Inc. plans on addressing the issue, including timeframes. Response should be sent to:

Mike Petersen
Developmental Disabilities
700 Casey Street, East Entrance, Suite A
Butte, MT 59701
(406) 496-4923
FAX (406) 782-8728
mpetersen@mt.gov

Concern/Recommendation	BSW Inc. Response
BSW Inc. Medication Error Policy	
Consider implementing additional	
measures as described on Page 3 of 29 of	
the data grid, Section 1, Paragraph 1	
Protocols	
It is recommended protocols be	
consistently developed for individuals	
served as described on Page 3 of 29 of the	
data grid, Section 1, Paragraph 2	
Data Collection/Therap	
It is recommended that BSW Inc. follow up	
with the implementation of Therap to	
assure it is meeting the intent where data	
collection is concerned as per QAOS dated	
2-26-08.	
Staff Orientation/Training	
It is recommended that BSW Inc. continue	
to provide staff orientation/training on	
Advance Directives/DNR and "Emergency	
Medical Procedures as per QAOS dated 8-	
2-07.	
Air Temperatures in licensed facilities	
It is recommended that BSW Inc. monitor	
and implement timely cooling measures in	
accordance with licensing guidelines as per	
QAOS dated 8-2-07.	

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Concern/Recommendation	BSW Inc. Response
Internal Policy & Procedure	Bow me. response
It is recommended that BSW Inc. continue	
to assure internal Policy & Procedure are	
followed as per QAOS dated 8-2-07.	
Medications via G or J tube	
It is recommended that BSW Inc. continue	
to provide staff orientation/training on	
medications via G or J tube as per QAOS	
dated 8-2-07.	
Behavior Program/Rights Restriction	
It is recommended that BSW Inc. review	
behavior programs for all individuals to	
assure rights restrictions are not present or	
rights restrictions are in place in those	
instances where warranted and approved by	
the PSP team(s).	
Evacuation Drills	
It is recommended that evacuation drills	
occur across all services and across all	
shifts to assure health and safety.	

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

DESK REVIEW:	QAOS or App
Accreditation:	
BSW Inc. continues to be accredited by CARF, even though this is no longer a requirement of the Developmental	
Disabilities Program of the State of Montana. BSW Inc. most recently received a Three-Year Accreditation that	
runs through December 2009. Programs surveyed included Community and Employment Services. CARF found	
the Manufacturing Division and Processing Plant to have exemplary conformance to standards as persons served are	
given a wide variety of work options and receive excellent supervision and training, all with a safety consciousness	
necessary in an industrial setting.	
Significant Events from the Agency:	
1. Health insurance was offered as a benefit for B.S.W. Inc. staff.	
2. BSW purchased a building in Butte and is in the process of remodeling in order to consolidate most of it's	
Work/Day opportunities. This consolidation will allow consumers more choice in their daily Work/Day schedules.	
3. Zeihen Group Home is personalizing the home, including consumer rooms to their interests.	
4. Supported Living in Anaconda has maintained quality staff with very little turnover.	
5. Work/Day services in Anaconda expanded and opened a Thriftstore which is not only an asset to those that work	
there, but the entire community.	
6. Work/Day services in Dillon expanded options and now have candy vending machines around the community.	
The current Work/Day building was upgraded with new carpet. An additional vehicle was also purchased.	
7. Relief books have been implemented in all settings to better train new and relief staff as well as serving as a	
resource for all staff.	
8. Walsh Group Home has maintained regular staffing while continuing to decorate consumers rooms to their	
interests while continuing to build relationships with other support agencies, consumer families, etc.	
9. Consumers served in Supported Living in Butte has expanded as well as increased consumer involvement in	
activities and support experiences.	
10. Holman Group Home has maintained the health of consumers, while seeing a decrease in aggressive behaviors.	
Consistent staffing has also been maintained.	
11. Barsanti Group Home was personalized, including consumer rooms to their interests. Socialization options	
were increased as well as celebrations for special events. Menu planning was improved and tailored to the	
individuals, while maintaining budgets under allowances.	
12. Rahn Group Home has maintained staff with longevity, which has added to the positive environment at the	
home. The home was personalized, including consumer rooms to their interests. Not only were new carpets and	

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

furniture installed, but the staff remodeled the kitchen. Socialization options are always present with many opportunities for celebration.

- 13. Processing plant welcomed two new consumers in the area while staff completed on-line College of Direct Support classes.
- 14. PSC areas in Butte have started shredding contracts and set up a computer area to allow consumers to gain experience and exposure to new opportunities.
- 15. BSW Intense Work/Day areas have maintained staff with longevity. Individuals in the area are expanding their knowledge relating to variety of areas including computers, sign language and intervention strategies for individuals with autism.
- 16. BSW Thriftstore in Butte has increased sales through the implementation of a flat sale price on items.
- 17. Work Crew expanded work opportunities through the securement of the Clover Leaf which provides lawn care experiences.
- 18. Woodworking in Butte added the military trunk locker to the procurement list in addition to increased sales of survey stakes and lath.
- 19. Community Employment had 20 placements in a 19 month period (4 individuals with a developmental disability) while maintaining/surpassing internal budget expectations.
- 20. BSW recently adopted Therap agency wide as a means for managing their documentation and Incident Management.

Agency Internal Communications Systems:

Program Managers from all areas meet monthly for Manager meetings, which includes Administrative staff. Administrative staff meet every other Monday. Program Managers meet with Direct Support Professionals a minimum of monthly. Communication also occurs via internal memos or email as needed.

Policies and Administrative (DDP) Directives:

Measurable Objectives/IPP

In reviewing a random sample of 17 Individual Plans (4 of which were Community Supports) for consumers served by BSW, it was noted that 16 Plans included measurable or partially measurable objectives. It is recommended that measurable objectives be continued for all persons served. Measurable objectives should ideally contain three components: condition, behavior and criterion. Directly related to the measurable objectives, I was extremely pleased to see the presence of Individual Program Plans (IPP's). The presence of IPP's notes a commitment of BSW where acquisition and acceleration programs are concerned. IPP's also provide a least restrictive environment, which can only be attained with the presence of active training.

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Medication	Policy
Miculcanon	I UIIC I

B.S.W. Inc. is encouraged to look at their Medication Error Policy and consider implementing additional measures. This specifically relates to when staff have a second medication error, they have to retake the Managing Medications Certification. If B.S.W. Inc. feels staff do not possess the necessary competencies and have to retake the Certification, staff in question should not be assisting and/or supervising medications in any capacity until they have successfully re-passed the Managing Medications Certification as mandated by agency policy with a score of at least 90% or better

Protocols

It is recommended that protocols be consistently developed for individuals and included with the plan. Protocols may include, but are not limited to bathing, behavior, eating, communication, PRN, etc. By having protocols in place that are developed and reviewed by the planning team, it allows not only for health and safety, but also consistency where Direct Support Professionals are concerned. When appropriate, reinforcement schedules should also be encouraged.

Fiscal (audit, cost plans, invoices):

The last Desk Review of Audit Report was completed by the Department of Public Health and Human Services-Division of Quality Assurance on October 31, 2006. The audit report was acceptable, the opinions on the financial statements were unqualified and there were no findings or questioned costs in the report. There were no referrals to the Medicaid Fraud Bureau nor were there any Quality Assurance Division reviews.

Licensing:

BSW Inc. operates seven group homes that were most recently licensed in late 2007. Licensing made recommendation for scraped doorways to be repaired, tubs to be replaced, heat cover to be repaired, routine cleaning at base of tub to prevent mold and a gap in linoleum to be repaired. The above concerns have been remedied. Licensing also requested confirmation of annual physical and dental for two residents and verifications were provided. Confirmation of staff orientation and training was also requested with verifications being provided. Temperatures noted to be of concern in Walsh Group Home as well as emergency personnel not being notified in a timely manner with regard to a resident. This is consistent with the Quality Assurance Observation Sheet (QAOS) and Corrective Action by the Developmental Disabilities Program in August 2007.

Quality Assurance Observation Sheets: (trends from past year)

3-12-08 •8 individuals have not completed College of Direct Support-Completed by deadline.
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2-26-08 • Data collection not present-Therap initiated agency wide.

8-2-07 • Staff Orientation/Training on Advance Directives/DNR and "Emergency Medical Procedures"-Training

QAOS

OAOS

OAOS

Agency: BSW Inc.

Evaluator(a): Mile Poterson Quality Improvement Specialist								
Evaluator(s): Mike Petersen-Quality Improvement Specialist								
completed and addressed ongoing with new hires. Townsertures in group homes high and need to be "comfortable" and "ressenable". Additional cooling								
•Temperatures in group homes high and need to be "comfortable" and "reasonable"-Additional cooling measures implemented in 3 homes.								
*								
 Assure internal Policy & Procedure are followed-Ongoing. Medications via G or J tube-Training completed and addressed ongoing with new hires. 								
1-25-07 •Medications not secure-Completed	addressed ongo	onig with new infes.						
Medication Errors: (trends from past year)								
From January to June 2008- 12 medications errors have occur	urrad Madiant	ion arrora included; mediantian baing						
given and staff not signing properly on the Medication Ad								
morning/evening medications reversed (1) and the wrong ind		· //						
individual (1).	ividual being g	iven medication intended for another						
From January to December 2007- 20 medications errors ha	ve occurred l	Medications errors included: missed						
medications (14), morning/evening medications reversed (4)								
intended for another individual (1) and double dosing (1).	and the wron	g marvidual being given medication						
Medication Errors appeared elevated at one particular Group H	ome and addition	onal measures were implemented						
BSW Inc. consistently utilizes DDP Medication Error form								
medication errors.		eracin inimingenion i chej wan war						
Incident Management: (summary trends, steps to address t	trends, investig	ation summaries)						
B.S.W. Inc. has embraced the Incident Management Policy imp	,	•						
of the State of Montana. Attentiveness has been present		1						
dedication of the members is greatly appreciated and only	enhances the	services that B.S.W. Inc. provides.						
Incidents are reviewed timely and measures are put into place	e to prevent sir	nilar occurrences in the future. Staff						
have a diligence in notifying the respective Case Manager a	and Quality Im	provement Specialist when incidents						
occur.								
Supported Work:								
# of persons served in Supported Work 10								
# of career plans on file NA								
# career plans reviewed at least one time during the PSP cycle NA								
Notes/Comments:								
Community Supports: (what types of services were provided? Were they provided in a timely manner, were								
there gaps in services? Any input from family or CM, billing issues?)								

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Types of service:

- Shopping
- Health maintenance
- Job support
- •Cell phone for health/safety
- •Leisure/Recreation
- Education

From review of plans, interviews with individuals, discussions with staff, it appears meaningful services are provided. These are determined by the team with input from the individuals.

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

STAFF I	RELATED									QAOS or App
Evidence	Found of Orien	tation Tra	ining (M	ark 'yes'	if present	, 'no' if no	ot present)			
	Staff initials	JA	KB	BB	KD	TL				
	yes/no	yes	yes	yes	yes	yes				
Note wh	ere evidence for	ınd:					•			
Verified	in BSW Inc. per	sonnel file	es							
Evidence	Found DDCPT	or equiva	lent:							
	Staff initials	JA	KB	BB	KD	TL				
	yes/no	yes	yes	yes	yes	yes				
	ere evidence for									
No staff	reviewed had DI	OCPT. Di	rect Supp	port Profe	essionals e	either had	completed or v	vere working	on the College	
	Support.									
Evidence	of Criminal Bac	ekground		1	_	_	٦			
	Staff initials	JA	KB	BB	KD	TL	_			
	yes/no	yes	yes	yes	yes	yes]			
	ere evidence fou									
	in BSW Inc. per		es							
Evidence	of Staff Survey	<u> </u>			_	_				
	Staff initials	JA	KB	BB	KD	TL				
	yes/no	*	yes	yes	yes	yes				
Note wh	Note where evidence found:									
QIS file	*JA is no longer	employed	l with BS	W Inc. so	a Staff S	Survey was	s not complete	d.		
Commo	ota (naganding	.4 off bissis		.: 4:						

Comments: (regarding staff hiring, screening, training, supervision)

Evidence was present that B.S.W. Inc. has a due diligence where Department of Justice background checks are concerned for new hires of Direct Support Professionals. All personnel files that were randomly sampled contained a Department of Justice background check prior to the individual being hired, orientating and working their first scheduled shift. This conscientiousness helps to assure the health and safety of individuals served.

It should be noted that during all of my on-site visits and investigations, all staff assisting or supervising medication delivery were certified. Diligence on the part of the Coordinator of Services Director and a functional system of monitoring not only medication certification, MANDT, First Aid, CPR is notable in light of the high staff turnover that is sometimes present.

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

STAFF RELATED:	Dates repre	esent whe	en training	was com	oleted and	duered l	ighlighted events are pas	t due or expired	QAOS or App
Evidence Found of St	aff Training:	: (mark	'yes' if p	resent, 'r	no' if not	present)			
Staff initial	s J	A	KB	BB	KD	TL			
First Aid	y	/es	yes	yes	yes	yes			
CPR	y	/es	yes	yes	yes	yes			
Abuse Prev	rention y	/es	yes	yes	yes	yes			
Client Righ	its y	/es	yes	yes	yes	yes			
Incident Re	porting y	/es	yes	yes	yes	yes			
Confidentia	ılity y	/es	yes	yes	yes	yes			
IP/PSP Pro	cess y	/es	yes	yes	yes	yes			
Medication	Cert y	/es	yes	yes	yes	yes			
Note where evidence	found:								
Verified in BSW Inc.	personnel/tr	aining f	iles						

Comments:

BSW is encouraged to continue a due diligence where training opportunities are concerned. This will ultimately result in recruitment and retainment of qualified Direct Support Professionals. In the same vein, BSW is encouraged to look at additional motivators/incentives for Direct Support Professionals that promotes teamwork through participatory management. BSW is encouraged to seek out training opportunities in order for their Direct Support Professionals to be aware of and implement the newest strategies in the field. This training will ultimately strengthen the agency as a whole in the Region and the State as to being proactive in the provision of quality services.

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

IP CHECK	LIST: check if evidenced									QAOS or App
Consumer	Initals	**	**	**	**	**	**	**	**	
	Consumer/Family Survey	X	X	X	X	X	X	X	X	
	PSP/IP Doc avail to all staff	X	X	X	X	X	X	X	X	
0	Health Care Checklist in PSP	X	NA							
N	IPP/Actions Implemented	X	X	X	X	X	X	X	X	
	Data for IPP/Actions	*	*	*	*	*	*	*	*	QAOS
S	Data Internally Monitored	X	X	X	X	X	X	X	X	
T	Self Medication Objective	NA								
T	Consumer informed of grievance procedure	X	X	X	X	X	X	X	X	
E	SL consumer choice of SL staff	No	NA	NA	NA	No	NA	NA	NA	
	Right Restrictions	NA	NA	NA	NA	**	NA	NA	NA	
	PSP/IP Checklist	X	X	X	X	X	X	X	X	
C	PSP/IP Annually?	X	X	X	X	X	X	X	X	
\mathbf{M}	Individual Needs Addressed?	X	X	X	X	X	X	X	X	
I	Assessment Based?	X	X	X	X	X	X	X	X	
	Quarterly Reports?	X	X	X	X	X	X	X	X	
N	Incident Reports Addressed?	X	X	X	X	X	X	X	X	
P	Behavioral Supports	NA	NA	NA	NA	X	NA	NA	NA	
\mathbf{U}	Addressed?									
T	Functional Analysis Needed?	ok								
_	Free from Aversive Procedures?	X	X	X	X	X	X	X	X	

Comments: (regarding service planning and delivery)

Health Care Checklist not present as IP's were reviewed and not PSP's.

^{*}Data collection of concern. QAOS written 2-26-08. BSW Inc. responded by implementing Therap agency wide. Prior to agency wide implementation, BSW Inc. was piloting Therap in their Anaconda and Dillon service areas. Once Therap is fully implemented, it will benefit everyone involved.

^{**}Behavior program needs to incorporate a rights restriction the way it is currently written and being run.

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

IP CHECK	XLIST: check if evidenced							QAOS or App
Consumer	Initals	**	**	**	**	**		
	Consumer/Family Survey	X	X	X	X	X		
	PSP/IP Doc avail to all staff	X	X	X	X	X		
O	Health Care Checklist in PSP	NA	NA	NA	NA	NA		
N	IPP/Actions Implemented	X	X	X	X	X		
	Data for IPP/Actions	*	*	*	*	*		QAOS
S	Date Internally Monitored	X	X	X	X	X		
T	Self Medication Objective	NA	NA	NA	NA	NA		
	Consumer informed of	X	X	X	X	X		
\mathbf{T}	grievance procedure	37.1	37.4	27.1	27.1	371		
E	SL consumer choice of SL staff	NA	NA	NA	NA	NA		
	Right Restrictions	NA	NA	NA	NA	NA		
	PSP/IP Checklist	X	X	X	X	X		
C	PSP/IP Annually?	X	X	X	X	X		
\mathbf{M}	Individual Needs Addressed?	X	X	X	X	X		
I	Assessment Based?	X	X	X	X	X		
_	Quarterly Reports?	X	X	X	X	X		
N	Incident Reports Addressed?	X	X	X	X	X		
P	Behavioral Supports	NA	NA	NA	NA	NA		
\mathbf{U}	Addressed?							
\mathbf{T}	Functional Analysis Needed?	ok	Ok	ok	ok	ok		
_	Free from Aversive Procedures?	X	X	X	X	X		
<u> </u>	e (recording convice planning	1 1.	1					

Comments: (regarding service planning and delivery)

Health Care Checklist not present as IP's were reviewed and not PSP's.

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Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

RESIDEN	RESIDENTIAL SITE CHECKLIST: check if evidenced or mark data as appropriate						
Site Name	: :	Kambich	Barsanti	Zeihen			
	Bathing procedures posted	X	X	X			
H	Clean/Sanitary Environment	X	X	X			
E	Egress	X	X	X			
A	Hot Water Temps	X	X	X			
L	Emergency Assistance	X	X	X			
$\overline{\mathbf{T}}$	Fire Ext./Smoke Detectors	X	X	X			
Ĥ	First Aid/CPR Supplies Accessible/Available	X	X	X			
11	PRN Medications	X	X	X			
- C	Medication Procedures	X	X	X			
S	Medication Locked Storage	X	X	X			
A	Medication Administration Records	X	X	X			
F	Staff Ratios or ICP staffing	X	X	X			
E	Awake Overnight Staff	X	X	X			
T	Adequate Supplies	X	X	X			
Y	Storage of Supplies	X	X	X			
	Free from aversive procedures?	X	X	X			
	Weekly integrated activities	X	X	X			
D	House or Site Rules	X	X	X			
A	Opportunity for choice, self determination	X	X	X			
	Meal Prep,Mealtime	X	X	X			
_ I	Engagement in Daily Life	X	X	X			
L	Participation in Daily Living Skills	X	X	X			
Y	Daily Leisure Opportunities	X	X	X			
	Staff Trained in Individual Specifics	X	X	X			

Comments:

Evacuation drills are completed a minimum of monthly across all service areas. These drills are compiled quarterly and reviewed internally by the Safety Committee. In review of these drills, evidence was present that drills are not being run on each shift. In order to assure health and safety, it is imperative that evacuation drills be across all services and across all shifts. It is worthy of note that safety inspections are very comprehensive across services.

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

RESIDEN	RESIDENTIAL SITE CHECKLIST: check if evidenced or mark data as appropriate						
Site Name):	4-Plex	Riley	Holman			
	Bathing procedures posted	NA	NA	X			
H	Clean/Sanitary Environment	X	X	X			
\mathbf{E}	Egress	X	X	X			
A	Hot Water Temps	X	X	X			
L	Emergency Assistance	X	X	X			
T	Fire Ext./Smoke Detectors	X	X	X			
H	First Aid/CPR Supplies Accessible/Available	X	X	X			
11	PRN Medications	X	X	X			
a	Medication Procedures	X	X	X			
S	Medication Locked Storage	X	X	X			
A	Medication Administration Records	*	*	X			
F	Staff Ratios or ICP staffing	X	X	X			
E	Awake Overnight Staff	Rover	Rover	X			
T	Adequate Supplies	X	X	X			
Y	Storage of Supplies	X	X	X			
•	Free from aversive procedures?	X	X	X			
	Weekly integrated activities	X	X	X			
D	House or Site Rules	X	X	X			
\mathbf{A}	Opportunity for choice, self determination	X	X	X			
T	Meal Prep,Mealtime	X	X	X			
	Engagement in Daily Life	X	X	X			
L	Participation in Daily Living Skills	X	X	X			
Y	Daily Leisure Opportunities	X	X	X			
	Staff Trained in Individual Specifics	X	X	X			

Comments:

House/Site Rules should ideally contain a date in which they were formulated for ease of reference.

^{*}Medication Administration Records present in Supported Living locations as needed when individuals require assistance/supervision and are felt to be at their maximum independence level.

	NTIAL SITE CHECKLIST: check if evidenced or		QAOS or App	
Site Nam		Rahn		
TT	Bathing procedures posted	X		
H	Clean/Sanitary Environment	X		
E	Egress	X		
A	Hot Water Temps	X		
L	Emergency Assistance	X		
Т	Fire Ext./Smoke Detectors	X		
Ĥ	First Aid/CPR Supplies Accessible/Available	X		
11	PRN Medications	X		
a	Medication Procedures	X		
S	Medication Locked Storage	X		
A	Medication Administration Records	X		
F	Staff Ratios or ICP staffing	X		
E	Awake Overnight Staff	X		
Т	Adequate Supplies	X		
Ÿ	Storage of Supplies	X		
•	Free from aversive procedures?	X		
	Weekly integrated activities	X		
\mathbf{D}	House or Site Rules	X		
\mathbf{A}	Opportunity for choice, self determination	X		
T	Meal Prep,Mealtime	X		
1	Engagement in Daily Life	X		
${f L}$	Participation in Daily Living Skills	X		
\mathbf{Y}	Daily Leisure Opportunities	X		
_	Staff Trained in Individual Specifics	X		
Commer	*			

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

SITE C	HECKLIST: check if evidenced						QAOS or App
Vehicle	Identification:	BSW1	BSW7	BSW8	BSW3	BSW14	
Т	Driver Orientation Program	X	X	X	X	X	
R	Wheelchair tie downs	X	NA	X	NA	NA	
A N	Wheelchair Lift	X	NA	X	NA	NA	
S	Driver's Licenses	X	X	X	X	X	
P	Emergency Supplies	X	X	X	X	X	
O R	Fire Extinguisher	X	X	X	X	X	
T	Transportation Log	X	X	X	X	X	
A	Scheduled Maintenance Program	X	X	X	X	X	
I	Training-Staff Doing Maint. Checks	X	X	X	X	X	
O	Procedures for Timely Repairs	X	X	X	X	X	
N	MDT inspection on file (MDT vehicles only)	X	X	X	X	X	-

Comments:

B.S.W. Inc. conducts both daily and monthly safety checks of vehicles, which also includes a maintenance checklist. Evidence is present relating to training of staff using the Department of Transportation guidelines. Training includes proper use of tie down and wheelchair lifts. Health and safety is primary and all drivers are First Aid and CPR certified. Thoroughness is present in the cleaning and presentation of vehicles both internal and external. Fire extinguishers inconsistently checked monthly.

	SURVEY: check if 'met', 0 if 'unmet'			1*			QAOS or
Staff In	eed to meet competency by answering two itials:	KB	BB	KD	TL	BK	App
A	Allegations are reported to? (APS)	X		X	X	X	
B	Do you notify Supervisor first? (NO)	X	X			X	
U	Steps to take if abuse is discovered?		X	X	X		
	Comments:						
S							
E							
	Suspect theft of gloves, steps to take?	X	X	X	X	X	
R	IP/PSP request Doctors appt					X	
I	No jacket, -25 consumer wants to leave	X	X	X	X		
G	Review Rights Restriction						
H	Comments:						
T							
S							
	Describe consumer behaviors	NA	NA	X	NA	NA	
В	Staff response to behaviors by plan	NA NA	NA NA	X	NA NA	NA NA	
	List proactive or environ. Strategies	NA	NA	71	NA	NA	
\mathbf{M}	Comments:						
P	Behavior Management Programs not co	ommon in most	t settings.				
L							

	SURVEY: check if 'met', 0 if 'unmet'	avastions acr	moath in each	domain anaa*			QAOS or
Staff In	eed to meet competency by answering two ditials:	KB	BB	KD	TL	BK	App
Stair iii	Former employee wants information	X	X	X	T.L.	X	
O R	What is consumer information?	X			X		
I	Training to meet health and safety needs?		X	X	X	X	
E N	Emergency evacuation procedures?						
T A T I O N	Comments:						
	Describe procedure to assist with meds	X					
M	If medication unavailable?	X			X	X	
E	If gave wrong medication?		X		X	X	
D	If moving to a new place/gets new med?						
I C	Requirement to assist with medications?		X	X			
A	Describe PRN/OTC is to be given?			X			
T	What constitutes a medication error?						
I	Comments:						
O N S							
0	Destroying things?	X	X	X	X	X	
В	Consumer pinch staff, staff pinch back	X	$\frac{X}{X}$	X	X	X	
Е Н	Behavior support plan?	71	71	71	71	71	
A V	Comments:			<u> </u>	<u> </u>	1	
I O R							

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

	SURVEY: check if 'met', 0 if 'unmet'		maath in agal	damain anaa*			QAOS of
<i>siajj n</i> taff In	need to meet competency by answering two	KB	BB	KD	TL	BK	App
tall III	Steps to avoid power struggles	X	DD	KD	X	X	
	How to respond to someone who is upset	X	X	X	Λ	Λ	
\mathbf{E}	What to do if start to lose control?	Λ	X	X	X	X	
R C	Comments:		71	A	71	71	
	IP/PSP based on?		X	X	X	X	
Ι	Training objective idea/change	X		X	X	X	
P	Purpose of assessments?						
	What a person would like to do?	X	X				
P S P	Comments: Fill out IR?	v		V	V		
		X		X	X	37	
T	Notification procedure when go to ER?	***	***	X	X	X	
1	Document 2 consumers in incident?	X	X			X	
	Who writes IR?		X				
R	Comments:						

	SURVEY: check if 'met', 0 if 'unmet'						QAOS or
	eed to meet competency by answering two			domain area*			App
Staff In	itials:	JM	LE	MMcL	PB	SV	
A	Allegations are reported to? (APS)	X	X		X	X	
B	Do you notify Supervisor first? (NO)		X	X	X	X	
	Steps to take if abuse is discovered?	X		X			
U	Comments:						
S							
E							
	Suspect theft of gloves, steps to take?	X	X	X	X	X	
R	IP/PSP request Doctors appt						
I	No jacket, -25 consumer wants to leave	X	X	X	X	X	
G	Review Rights Restriction						
H	Comments:						
T							
S							
	Describe consumer behaviors	NA	NA	NA	NA	NA	
B	Staff response to behaviors by plan	NA	NA	NA	NA	NA	
7.4	List proactive or environ. Strategies	NA	NA	NA	NA	NA	
M	Comments:						
P	Behavior Management Programs not co	ommon in most	t settings.				

	SURVEY: check if 'met', 0 if 'unmet' eed to meet competency by answering two	questions con	ractly in each	domain area*			QAOS or App
Staff In		JM	LE	MMcL	PB	SV	Арр
O R	Former employee wants information What is consumer information?	X	X	X	X	X	
I E	Training to meet health and safety needs?	X		X	X		
N T A T I O N	Emergency evacuation procedures? Comments:						
	Describe procedure to assist with meds						
M	If medication unavailable?	X			X		
E	If gave wrong medication?	X	X		X		
D	If moving to a new place/gets new med?						
I C	Requirement to assist with medications?		X	X		X	
A	Describe PRN/OTC is to be given?			X		X	
T	What constitutes a medication error?						
I O N S	Comments:						
n	Destroying things?	X	X	X	X	X	
B E	Consumer pinch staff, staff pinch back		X	X	X	X	
H A	Behavior support plan?	X					
V I O R	Comments:						

	SURVEY: check if 'met', 0 if 'unmet'						QAOS or
	eed to meet competency by answering two	questions con	rectly in each	domain area*			App
Staff In	itials:	JM	LE	MMcL	PB	SV	
	Steps to avoid power struggles	X	X	X	X	X	
To	How to respond to someone who is upset	X					
\mathbf{E}	What to do if start to lose control?		X	X	X	X	
R C	Comments:						
	IP/PSP based on?	X	X	X	X	X	
I	Training objective idea/change		X			X	
P	Purpose of assessments?	X			X		
	What a person would like to do?			X			
P S P	Comments:						
	Fill out IR?			X			
_	Notification procedure when go to ER?	X					
	Document 2 consumers in incident?	X	X		X	X	
_	Who writes IR?		X	X	X	X	
R	Comments:						

	SURVEY: check if 'met', 0 if 'unmet' eed to meet competency by answering two	auestions coi	rectly in each	domain area*			QAOS or App			
Staff In		JB	WW	CD	JS	SC	TT			
A	Allegations are reported to? (APS)	X		O	X					
A	Do you notify Supervisor first? (NO)	X	X	X	X	X				
В	Steps to take if abuse is discovered?		X	X		X				
U	Comments:									
S										
E										
	Suspect theft of gloves, steps to take?	X	X	X	X	X				
R	IP/PSP request Doctors appt									
I	No jacket, -25 consumer wants to leave	X	X	X	X	X				
G	Review Rights Restriction									
H T S	Comments:									
	Describe consumer behaviors	NA	NA	NA	NA	NA				
В	Staff response to behaviors by plan	NA	NA	NA	NA	NA				
	List proactive or environ. Strategies	NA	NA	NA	NA	NA				
M P	Comments: Behavior Management Programs not common in most settings.									

	SURVEY: check if 'met', 0 if 'unmet' eed to meet competency by answering two o	questions co	rractly in each	domain area*			QAOS or App
Staff In		JB	WW	CD	JS	SC	Арр
O R	Former employee wants information What is consumer information?	X	X	X	X	X	
I E	Training to meet health and safety needs?	X	X	X	X	X	
N T A T I O N	Emergency evacuation procedures? Comments:						
	Describe procedure to assist with meds						
M	If medication unavailable?		X			X	
E	If gave wrong medication?	X	X	X			
D	If moving to a new place/gets new med?						
I C	Requirement to assist with medications?	X		X	X	X	
A	Describe PRN/OTC is to be given?						
T	What constitutes a medication error?				X		
I O N S	Comments:						
ъ	Destroying things?	X	X	X	X	X	
B E	Consumer pinch staff, staff pinch back	X	X	X	X	X	
H A	Behavior support plan?						
V I O R	Comments:						

als: Steps to avoid power struggles How to respond to someone who is upset What to do if start to lose control? Comments:	guestions co. JB X X	ww X X	domain area* CD X X	JS X	SC X	App
Steps to avoid power struggles How to respond to someone who is upset What to do if start to lose control?	X	X	X	X	X	
How to respond to someone who is upset What to do if start to lose control?						
What to do if start to lose control?	X	X	X	Y	37	
	X	X	X	Y	37	
Comments:				71	X	
IP/PSP based on?	X	О		X	X	
Training objective idea/change	X	X	X	X	X	
Purpose of assessments?		X	X			
What a person would like to do?						
Comments:						
Fill out IR?						
Notification procedure when go to ER?	X	X				
Document 2 consumers in incident?		X		X	X	
Who writes IR?	X			X	X	
Comments:						
	Training objective idea/change Purpose of assessments? What a person would like to do? Comments: Fill out IR? Notification procedure when go to ER? Document 2 consumers in incident? Who writes IR?	Training objective idea/change X Purpose of assessments? What a person would like to do? Comments: Fill out IR? Notification procedure when go to ER? X Document 2 consumers in incident? Who writes IR? X	Training objective idea/change X X Purpose of assessments? X What a person would like to do? Comments: Fill out IR? Notification procedure when go to ER? X Document 2 consumers in incident? X Who writes IR?	Training objective idea/change X X X X Purpose of assessments? X X X What a person would like to do? Comments: Fill out IR? Notification procedure when go to ER? X X Document 2 consumers in incident? X Who writes IR? X	Training objective idea/change X X X X X Purpose of assessments? X X X What a person would like to do? Comments: Fill out IR? Notification procedure when go to ER? X X Document 2 consumers in incident? X X Who writes IR? X X	Training objective idea/change X X X X X X Purpose of assessments? X X X What a person would like to do? Comments: Fill out IR? Notification procedure when go to ER? X X Document 2 consumers in incident? X X X Who writes IR? X X X

	SURVEY: check if 'met', 0 if 'unmet' eed to meet competency by answering two	auastions an	reactly in each	domain area*			QAOS or
Staff In		MM	DP	DG	СВ	MO	App
A	Allegations are reported to? (APS) Do you notify Supervisor first? (NO)	X	X	X	X X	X	
B U S E	Steps to take if abuse is discovered? Comments:		X	X			
R I G H T	Suspect theft of gloves, steps to take? IP/PSP request Doctors appt No jacket, -25 consumer wants to leave Review Rights Restriction Comments:	X	X X	X	X	X	
B M	Describe consumer behaviors Staff response to behaviors by plan List proactive or environ. Strategies Comments: Rehavior Management Programs not co	NA NA NA	NA NA NA	NA NA NA	X X	NA NA NA	
P	Behavior Management Programs not co	mmon in mos	t settings.				

STAFF SURVEY: check if 'met', 0 if 'unmet' *Staff need to meet competency by answering two questions correctly in each domain area*							QAOS or App
	Staff Initials:		DP	DG	СВ	MO	Прр
	Former employee wants information	MM X		X	X	X	
O R	What is consumer information?		X	X		X	
I	Training to meet health and safety needs?	X	X		X		
E N	Emergency evacuation procedures?						
T A T I O N	Comments:						
	Describe procedure to assist with meds						
M	If medication unavailable?	X				X	
E	If gave wrong medication?		X	X	X		
D I	If moving to a new place/gets new med?						
C	Requirement to assist with medications?				X	X	
A	Describe PRN/OTC is to be given?	X		X			
T	What constitutes a medication error?		X				
I	Comments:						
N S							
B E H A V I O R	Destroying things?	X	X	X	X	X	
	Consumer pinch staff, staff pinch back	X	X	X	X	X	
	Behavior support plan?						
	Comments:						

							QAOS or
Staff need to meet competency by answering two questions correctly in each domain area						App	
Staff In	itials:	MM	DP	DG	СВ	MO	
	Steps to avoid power struggles	X		X	X		
T	How to respond to someone who is upset	X	X		X	X	
\mathbf{E}	What to do if start to lose control?		X	X		X	
R C	Comments:						
	IP/PSP based on?		X	X			
I	Training objective idea/change	X	X		X	X	
P	Purpose of assessments?	X			X	X	
	What a person would like to do?			X			
P S P	Comments:						
	Fill out IR?	X	X	X			
_	Notification procedure when go to ER?	X		X		X	
	Document 2 consumers in incident?		X		X	X	
_	Who writes IR?				X		
R	Comments:						

	SURVEY: check if 'met', 0 if 'unmet' eed to meet competency by answering two	o auestions coi	rrectly in each	domain area*		QAOS or App	
aff Ini		KS	JM	CM		1199	
A	Allegations are reported to? (APS)	X	X	X			
	Do you notify Supervisor first? (NO)	X	X				
В	Steps to take if abuse is discovered?			X			
U	Comments:						
S							
E							
	Suspect theft of gloves, steps to take?		X	X			
R	IP/PSP request Doctors appt	X	X				
I	No jacket, -25 consumer wants to leave	X		X			
\mathbf{G}	Review Rights Restriction						
H T S	Comments:						
	Describe consumer behaviors	NA	NA	NA			
B	Staff response to behaviors by plan	NA	NA	NA			
	List proactive or environ. Strategies	NA	NA	NA			
M P	Comments: Behavior Management Programs not common in most settings.						

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

STAFF SURVEY: check if 'met', 0 if 'unmet'						QAOS or
Staff need to meet competency by answering two questions correctly in each domain area Staff Initials: KS JM CM					App	
Staff In	Staff Initials:		JM	CM		
	Former employee wants information	X		X		
O R	What is consumer information?			X		
I E	Training to meet health and safety needs?	X	X			
N	Emergency evacuation procedures?		X			
T A T I O N	Comments:					
	Describe procedure to assist with meds					
M	If medication unavailable?			X		
E	If gave wrong medication?	X	X			
D I	If moving to a new place/gets new med?					
C	Requirement to assist with medications?			X		
A	Describe PRN/OTC is to be given?	X	X			
T	What constitutes a medication error?					
I	Comments:					
0						
N S						
	Destroying things?	X	X	X		
B E	Consumer pinch staff, staff pinch back	X	X	X		
H A V	Behavior support plan?					
	Comments:			<u>.</u>	•	
I O						
R						

STAFF SURVEY: check if 'met', 0 if 'unmet'						QAOS or	
Staff need to meet competency by answering two questions correctly in each domain area							App
Staff In	itials:	KS	JM	CM			
	Steps to avoid power struggles	X	X	X			
17	How to respond to someone who is upset			X			
\mathbf{E}	What to do if start to lose control?	X	X				
R C	Comments:						
	IP/PSP based on?	X					
I	Training objective idea/change	X	X				
P	Purpose of assessments?			X			
	What a person would like to do?		X	X			
P S P	Comments:						
	Fill out IR?			X			
_	Notification procedure when go to ER?		X	X			
	Document 2 consumers in incident?	X					
_	Who writes IR?	X	X				
R	Comments:						

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

COLLEGE OF DIRECT SUPPORT: (instructions)			QAOS or			
All staff providing direct care greater than 20 hours per week are required to complete CDS within 180 days of hire. Tier						
1 is required for all staff working more than 30 hours per week.	Components of Tier	r 1 are required for PT employees 20-				
30 hours per week. Compare the direct care employee list from y	our provider to the	enrollment lists from your				
administrator site to ensure all appropriate staff have been include	ed. 100% compliar	nce is required by contract.				
Number of full time employees employed longer than 180 days	109					
Number of full time employees completed within 180 days	109					
% compliance (# completed/# of staff X 100) 100%						
If less than 100% compliance, document why:						
NA						
Number of part time employees employed longer than 180 days	2					
Number of part time employees completed within 180 days	2					
% compliance (# completed/# of staff X 100) 100%						
TC1 41 1000/ 12 1 1 1	•	·				

If less than 100% compliance, document why:

NA

Comments:

In order to adequately support Direct Support Professionals in completing the College of Direct Support, BSW secured high speed internet connections in all of their locations. A number of staff have embraced the curriculum, exceeding the minimum requirements as established by the State of Montana. It is worthy of note that 2 individuals have completed the entire curriculum which consists of 108 lessons.